

INTENT TO ENROLL

Account Information					
GET Account Number					
Account Owner's name	Social security number			E-mail address	
Account Owner's flame	300	iai security number		E-mail address	
Student Beneficiary Information Student Beneficiary's name	Social security number		E-mail address		
Student beneficially smalle	300	ocial security number		E-iliali duuless	
School Information					
Student intends to enroll in the following school: Washington State Public School: Out-of-State or Private School:					
Washington State Public School:	Out-	_			
Central Washington University			Out-of-State School named below: School Name:		
☐ Eastern Washington University		School Address:			
☐ Western Washington University					
☐ The Evergreen State College		Private School named below: School Name: School Address:			
☐ University of Washington					
☐ Washington State University					
☐ Community or Technical College named below:					
Academic Year : 05-06 06-07 Student intends to enroll during the following terms:					
☐ Fall Quarter/Semester					
☐ Winter Quarter/Semester	☐ Summer Quarter/Semester				
INFORMATION RELEASE In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned Account Owner authorizes the Guaranteed Education Tuition Program and the school listed above to disclose to each other personally identifiable information, including the Student Beneficiary's Social Security Number and any other account information necessary to make a distribution from his/her GET account. The undersigned certifies that the information provided on this form is true and correct to the best of his/her knowledge and belief. The undersigned understands that non-qualified distributions may be subject to a penalty and/or federal income tax on the earnings.					
Signature of Account Owner					
Drinted name of Account Owner			Data		
Printed name of Account Owner			Date		
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